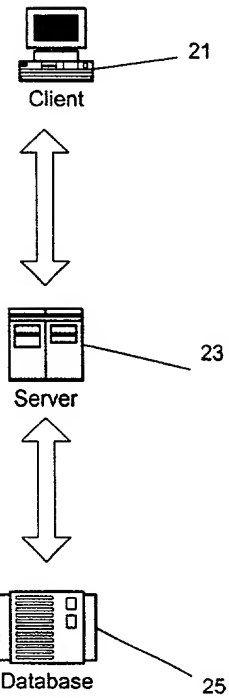


Prior Art

Fig. 1



Prior Art

Fig. 2

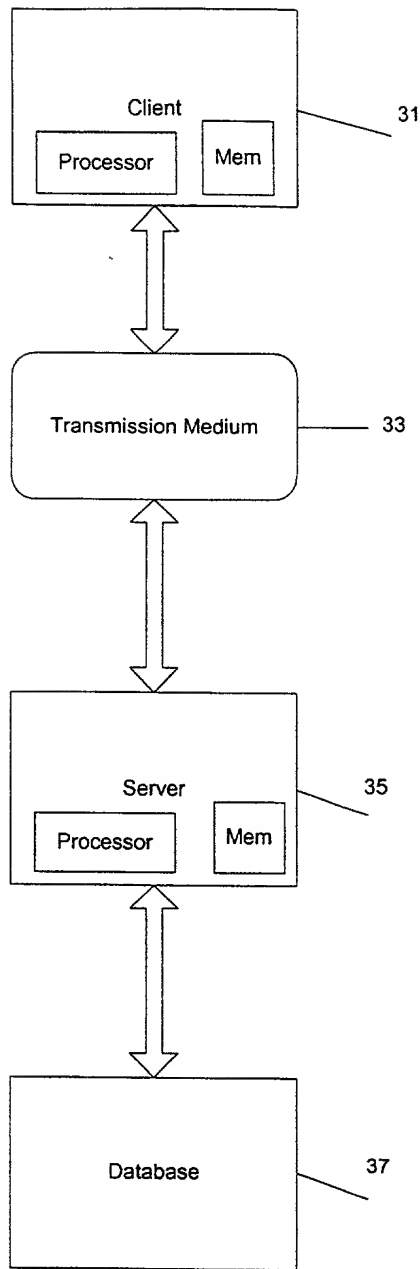


Fig. 3

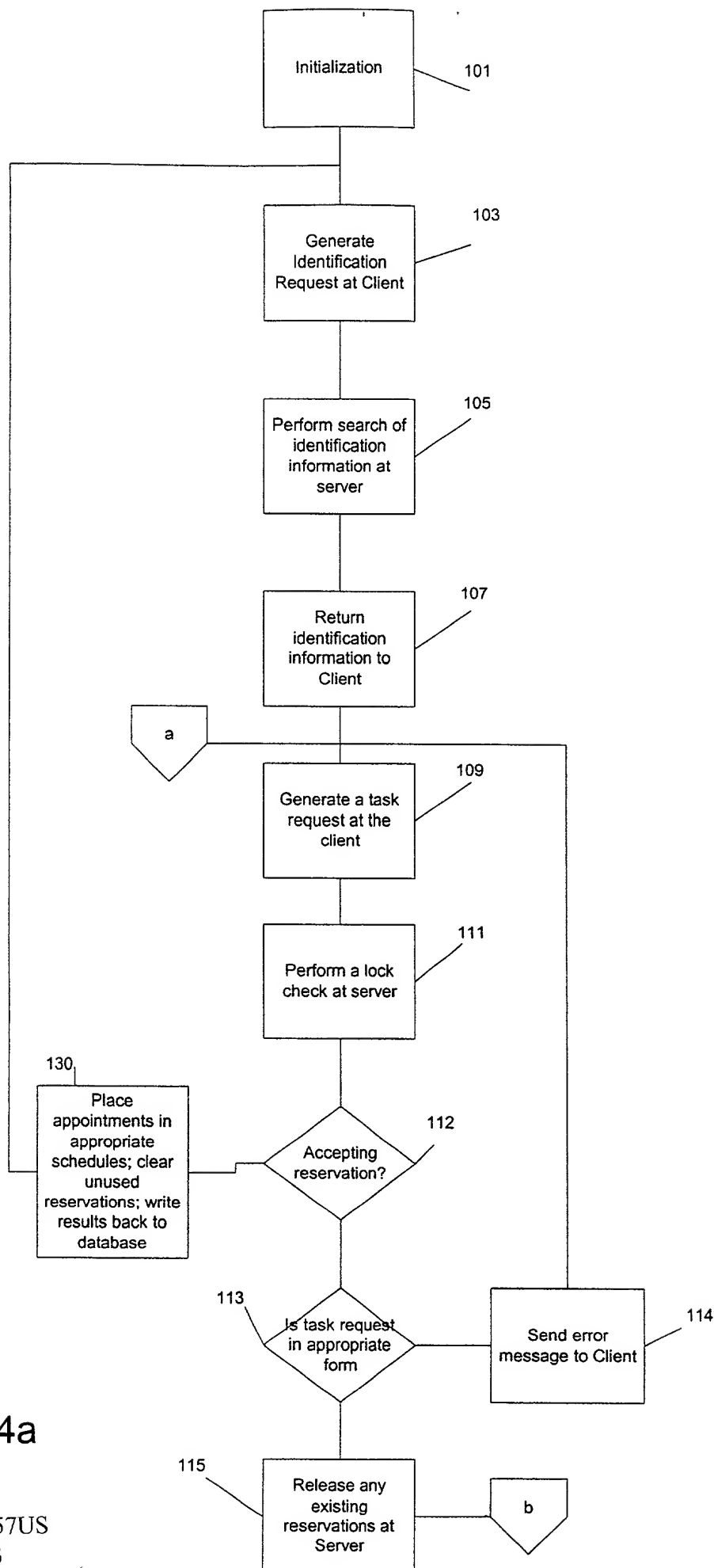


Fig. 4a

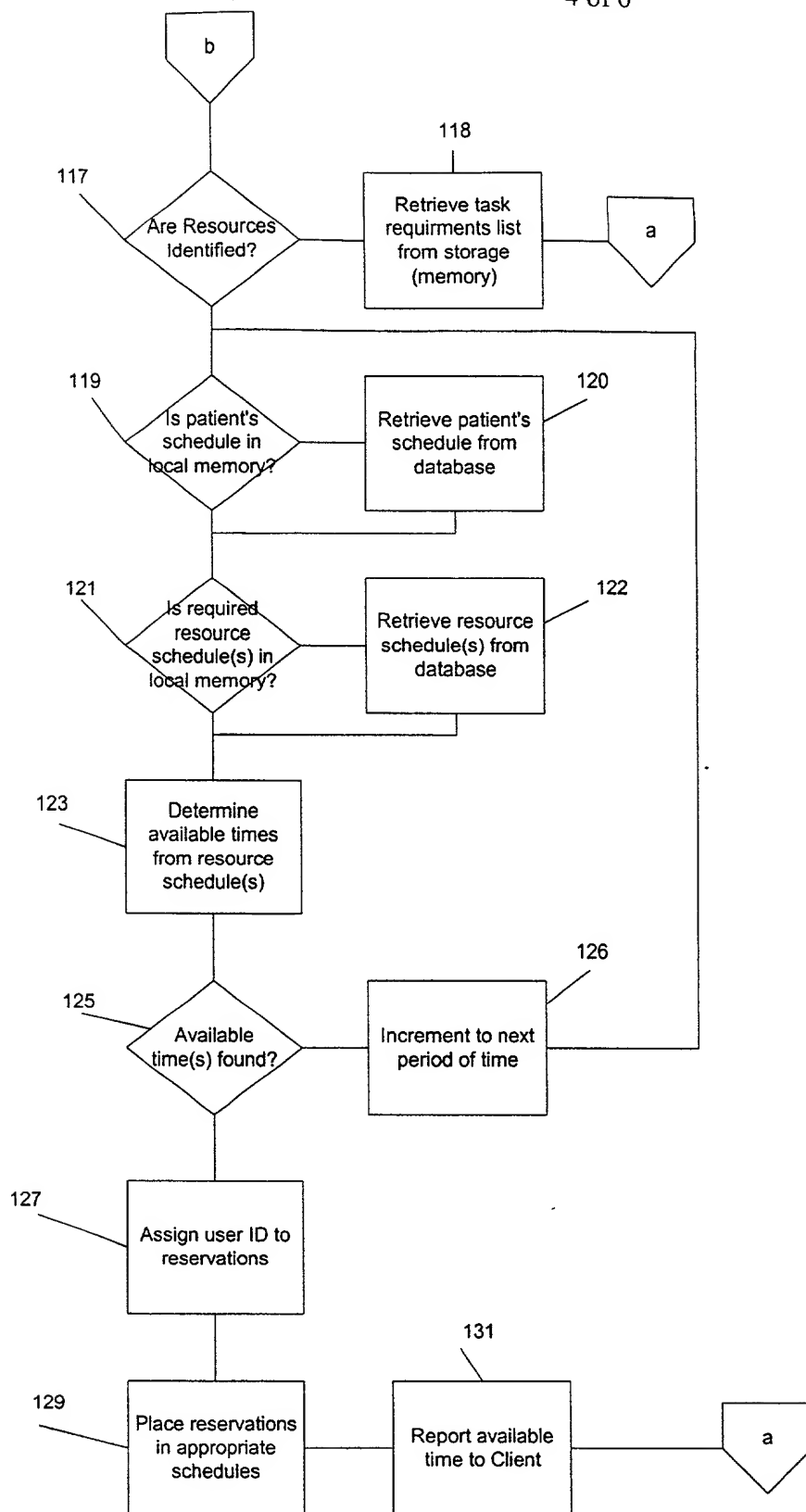


Fig. 4b

## Patient Search - 6 found

**Search Fields:**  
 Last:  Address:  Phone:   
 First:  Address 2:  Birthday:   
 Middle:  City:  Gender:   
 SSN:  State:  Driver License:   
 MRN:  ZIP Code:  Enterprise ID:

**Search Results:**

| Name | Type      | Birthday   | Age | Address | Address2 | City          | State | ZIP Code | Type |
|------|-----------|------------|-----|---------|----------|---------------|-------|----------|------|
|      | Legal     | 07/30/1927 | 73y |         |          | Oakland       | CA    |          | Home |
|      | Legal     |            |     |         |          | Oakland       | CA    |          | Home |
|      | Preferred | 11/27/1971 | 28y |         |          | Oakland       | CA    |          | Home |
|      | Legal     | 08/05/1945 | 55y |         |          | Hollywood     | CA    | 01760    | Home |
|      | Legal     | 02/15/1992 | 8y  |         |          | San Francisco | CA    |          | Home |
|      | Legal     | 07/14/1948 | 52y |         |          | San Francisco | CA    |          | Home |

Quick Pick a Past Search:

FIG. 5

T04201" E6032001

| <input type="checkbox"/> Search <input type="checkbox"/> Book <input checked="" type="checkbox"/> Conflict <input type="checkbox"/> Questions <input type="checkbox"/> Notes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                         |                      |                      |
|--|-------------------------|----------------------|----------------------|
| <input type="checkbox"/> Appointment   | Date: 11/02/2000 Thu    | Time: 01:00 PM       | Number: AB2C-5649-00 |
| <input type="checkbox"/> Role  | Type: Provider          | Name:                |                      |
| <input type="checkbox"/> Sequence  | Type: In Order          | Code:                |                      |
| <input type="checkbox"/> Task  | Type: Abdominal Pain    | Duration: 40 minutes |                      |
| <input type="checkbox"/> Task  | Date: 11/02/2000 Thu    | Time: 01:00 PM       |                      |
| <input type="checkbox"/> Task  | Name: Back Pain (Lower) | ID: 724.2            | Duration: 40 minutes |
| <input type="checkbox"/> Task  | Date: 11/02/2000 Thu    | Time: 02:40 PM       |                      |

FIG. 6